



TOP DECK BAR
 125 W. RIVER STREET
 SAVANNAH, GA 31401
 (912) 436-6828

Employee Application

A complete application consists of this completed form, and your current resume if any.

| | | | | | |
|--|--|---------------------|---|------------|-----|
| Today's date: | | Your date of birth: | | (MM/DD/YY) | |
| Name as it appears on your driver's license: | | | | | |
| First | | Last | | Middle | |
| Current address: | | | | | |
| Street | | City | | State | Zip |
| Permanent address: | | | | | |
| Street | | City | | State | Zip |
| Email address: | | | | | |
| Phone number with area code: | | | | | |
| Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If no, are you a permanent resident of the US? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are you currently authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No. (Proof of eligibility will be required upon arrival.) | | | | | |

Education

| TYPE OF SCHOOL | NAME OF SCHOOL | CITY & STATE | YEAR COMPLETED | MAJOR / DEGREE |
|-----------------|----------------|--------------|----------------|----------------|
| High School | | | | |
| Undergraduate | | | | |
| Graduate School | | | | |

Professional Experience

| | | |
|---|--|---|
| Current or most recent employer: | Supervisor: Name: _____ Phone: _____ | Employment Dates: From: _____ To: _____ |
| Briefly describe your title and duties: | | |
| Briefly describe any experience in the restaurant industry: | | |



TOP DECK BAR
125 W. RIVER STREET
SAVANNAH, GA 31401
(912) 436-6828

Because Top Deck Bar employees come in contact with minors, it is necessary for us to ask for information about your criminal record (if any), and verify this information with corresponding authorities. See also the note at the bottom of the page.

Criminal Record

Have you ever been convicted of a crime, other than traffic violations? Yes No

If yes, explain nature and location of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

References

List two professional references, people with whom you have worked, preferably present or former supervisors.

Name: Relationship:

Employer: Position:

Phone: Email:

Name: Relationship:

Employer: Position:

Phone: Email:

Accommodation of Disabilities

A job description has been provided to you.

Are you physically able to perform the essential functions of the job for which you have applied Yes No.

If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

Consent Agreement and Publicity Release

In consideration of my prospective employment by Top Deck Bar, I authorize investigation of all statements contained in this form, including my criminal record and driving record. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Top Deck Bar permission to contact my previous or current employers, references, and others, and hereby release Top Deck Bar from any liability as a result of such contact.

Signature:

Date:

Top Deck Bar is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability.